

PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS				ISSUING MUNICIPAL OFFICE			
City, Town, or Plantation				Town/City		HARPSWELL, ME	
Street/Subdivision Lot #				Permit #		Total Fee \$	
PROPERTY OWNER INFORMATION				Date Issued		Double Fee	
Name (Last, First)							
Applicant Name (Last, First)				Local Plumbing Inspector Signature		License #	
OWNER/APPLICANT MAILING ADDRESS				FEES		State \$	
Street				Local		\$	
City				LOCATION		Map #	
State		Zip Code		Lot #			
OWNER/APPLICANT STATEMENT				<p>CAUTION: INSPECTION REQUIRED</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>			
<p>I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.</p>							
Signature of Owner/Applicant		Date		LPI Signature		Date (Rough-In)	
Copy:		Property Owner <input type="checkbox"/>		Town <input type="checkbox"/>		State <input type="checkbox"/>	
						Date (Final)	

PERMIT INFORMATION			
This application is for: New Plumbing <input type="checkbox"/> Relocated Plumbing <input type="checkbox"/>		Type of structure to be served:	
		Single Family Residence <input type="checkbox"/> Modular or Mobile Home <input type="checkbox"/> Multiple Family Dwelling <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	
		Plumbing to be installed by:	
		Master Plumber <input type="checkbox"/> License # <input type="text"/> Oil Burner Installer <input type="checkbox"/> License # <input type="text"/> Mfd. Housing Rep. <input type="checkbox"/> License # <input type="text"/> Public Utility Rep. <input type="checkbox"/> License # <input type="text"/> Property Owner <input type="checkbox"/>	

Column 1 – Hook-Up & Relocation	Column 2 – Fixtures	Column 3 – Fixtures	State of Maine Department of Health and Human Services/ Center for Disease Control and Prevention Environmental & Community Health – Subsurface Wastewater 286 Water Street State House Station 11 Augusta, ME 04333 207-287-2070 HHE-211 Revised 7/24/2018		
Maximum 1 Hook-Up	Type of Fixture	Qty		Type of Fixture	Qty
Hook-Up (a) <input type="checkbox"/> <i>Hook-up to public sewer in those cases where the connection is not regulated and inspected by the local sanitary district.</i>	Hosebib/Sillcock			Bathtub (and Shower)	
	Floor Drain			Shower (Separate)	
	Urinal			Sink	
	Drinking Fountain			Wash Basin	
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an existing subsurface wastewater disposal system.</i>	Indirect Waste		Water Closet (Toilet)		
	Treatment Softener, Filter, etc.		Clothes Washer		
	Grease/Oil Separator		Dishwasher		
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>	Roof Drain		Garbage Disposal		
	Bidet		Laundry Tub		
	Other:		Water Heater		

Total Column 1 <input type="text"/>	+	Total Column 2 <input type="text"/>	+	Total Column 3 <input type="text"/>	=	Enter Total Fixtures / Hook-Ups Below
-------------------------------------	---	-------------------------------------	---	-------------------------------------	---	---------------------------------------

PERMIT TRANSFER ONLY <input type="checkbox"/> \$12.00	Total Fixtures / Hook-Ups	1
	Per-Fixture Fee	\$
	TOTAL PERMIT FEE	\$